Name : **Puja Bansal**

Roll no. : **19010090103**

Name of the Department : **Haryana School of Business**

Subject : **Business Management**

Name of Supervisor : **Dr. Anju Verma**

Title of Research: Effect of Workplace Violence on Quality of Life and Job Performance: A Study of Healthcare Employees in Haryana.

INTRODUCTION

"*No physician, however conscientious or careful, can tell what day or hour he may not be the object of some undeserved attack, malicious accusation, black mail, or suit for damages"*

... JAMA

The Journal of the American Medical Association, almost 130 years ago quoted this in its journal showing the prevalence or evidence of this issue in present and in future as well. It has been ever since the early 1890's as to up till date that the whole world is suffering from this issue. It has been more than a century now that the government has been putting continuous efforts in making specific laws and policies, however have miserably failed to cope up with the menace.

It has been evidently seen that the prevalence has been occupying since generations and societies have continued to tolerate IT and remain silent rather than coming up and standing against the curse of Workplace Violence. Bullying, horizontal violence, workplace violence etc. have merely become interchangeable terms. However, the concern still remains as when shall it end? When shall the world civilize? When shall we stop physical violence?

General meaning of workplace violence is given by OSHA (Occupational Safety and Health Administration) as *"it is getting violent or threat of harming workers"*. It may be occur at or outside the workplace, can range from threats and verbal abuse to physical assaults and even homicide. Workplace violence is termed as one of the leading causes of job-related deaths (OSHA, 2002). Thus, manifesting itself, workplace violence has been a growing concern for employers and employees nationwide (OSHA, 2002).

As already stated each and every country is affected by the menace, but being concerned to India (country that is often being termed as brand ambassador of peace) and this same country is the land of paradox. While promoting peace globally to a hopelessly failing in saving its own professional warriors from being traumatised due to violence and as bad as it may sound but still, Yes, it is the same India. Almost every sector is totally affected by violence whether it is corporate, household (where women are being exploited from ages) but a sector that is engaged in keeping people healthy is most affected by this i.e. Healthcare sector. According to IMA (Indian Medical Association) approximately 75 per cent of doctors face violence at their work.

In 2017, back to back four incidents of violence against junior doctors in happened in Mumbai that made more than 2000 doctors went on strike to demand safety at workplace and in 2019 NRS Medical College in which a junior resident doctor was disastrously beaten up by group in college corridor for no good reason, that made his skull fractured leads to months of ICU admission, another case from Hyderabad, a senior pediatrician was beaten up so badly that fractured her four ribs, very famous cardiologist in Mumbai was murdered by his patient's relative because he failed to save his life, in same Mumbai, a political leader got admitted for fracture which was successfully treated but died to heart failure and what happened is, his supporter destroyed hospital property of around 10 cr.

When whole world is fighting from pandemic and doctors are frontline fighters, two female doctors who were on duty had gone to central city of Indore to check a women with suspected case of COVID-19 in densely populated area and that's where they welcomed doctors with throwing stones on them. One of them was injured badly but still doing their duty (was it a fair way to treat someone who was working for us. The very famous hospital of New Delhi, Loknayak Jai Prakash Hospital (LNJP) and their patient started passing verbal harassing comments on duty Female doctor and when they made objection on same the patients gathered other patients and started threatening doctors what is even more shocking is no policeman or security guard dared to stop them due to the lack of PPE kits. These are just few cases that are actually showing the mentality and behavior of population in Country flag bearer of peace globally. List of these kinds of cases is too long.

In India, we call doctors equivalent to God (Mary Kom, 2014) but when they failed to save life of someone, we harass them, attack them, harm them even murder them but our government

wouldn't pass any law to save them. Thousands of doctors including the doctors of AIIMS went on strike to demand the safety law on central level, which was finalized by Health Minister but rejected by Union Ministry of Home Affairs on the grounds that there can't be single law for specific profession, simply means we believe to harm our god and still we are calling India peace promoting country. Let's ask some really simple question why anyone who spends their 5 to 15 years in studying and learning how to treat people will intentionally harm people, why? What happiness they are getting out of it? Or that's how they will get success in their profession that is supposed to treat people, No, Of course not. Answer will always be a big "NO". Then why are we harming them; if they failed to save us? They don't have super power to keep everyone alive and healthy. We should understand that doctors are engaged in noble work of keeping people healthy, does not deserve to be harmed by the same people whom they are treating.

One of the widely accepted definitions of workplace violence for healthcare care employees is given by WHO. The World Health Organization (WHO) defined workplace violence as "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well- being or health" (Richards, 2003). National Institute for Occupational Safety & Health (NIOSH) at Centers for Disease Control & Prevention (CDC) defined WPV as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty". It is simply the behavior that involves, "physical force intended to hurt, damage, or kill someone or something" (OED, 2014). Here it only talks about physical violence but in reality it doesn't limits to physical force it includes abusive behavior toward authority, verbal abuse, threatening, physical assault, sexual and racial harassment (Cheung *et al.*,2018).Verbal abuse at workplace violence may not cause direct harm to victim physically but it causes some serious stress issues that can cause anxiety or insomnia, may even go up to PTSD (Post Traumatic Stress Disorder).

In 1992, the Centers for Disease Control and Prevention considered workplace violence as a serious public health issue (Kinney *et al.,* 1993). The seriousness of this problem could merely be estimated from the fact that, according to the Occupational Safety and Health Administration (OSHA), annually out of25,000 workplace attacks 75 per cent (approximately) of them are from hospitals only. Workers in healthcare settings are four times more likely to be harassed on duty than the workers of corporate sector. It's an irony that the doctors, in spite of having God's hands

facing such stressful and emotionally toxic work life havenever complained of hostile or stressed work paradigm.

According to the report, maximum violence is faced while attending emergency cases, and 48.8 per cent of such incidents are reported from intensive care units (ICU) or from operation theaters. Also there is six-fold increase in the proportion of physical violence occurring each year, the percentage in 2008 is 4.5per cent, got doubled in year 2012, 8.3per cent.

Reading about the incidents of violence against doctors on daily basis, and that too being harmed by the same patients whom they were treating, In spite of all this no strong action had been initiated by the central government, makes me think or choose about this topic for research and to understand this problem deeply. What attracts me is that there is still limited research on this serious problem.

REVIEW OF LITERATURE

Extent of Violence at Workplace

Initially, it was not type II (by customers and clients) violence that attracts the attention of research scholars but the type III violence (by superiors, subordinates, peers) that was part of the research. It is in the beginning, that sexual harassment grabbed attention in regards to the workplace violence against women (Stewart, 1984), which specifically focused on the sexual advances made by the Male counterparts or colleagues. Later on, the paradigm was shifted to aggression towards the parties that perpetrator thinks deserved it (Thylefors, 1987). The reason behind workplace violence was found poor leadership, communication barriers, no strict policy on violence (Leymann, 1993) that leads to turnover intentions, low job performance, reduced quality of life, stress, anxiety, absenteeism, loss of goodwill and many more. From 1990s, many scholars of US and UK had undertaken the research on the issues harassment in schools, hospitality sector and in corporate sector by colleagues, superiors or subordinates. Despite of having much research on workplace violence, no study was found addressing types II violence in healthcare sector.

Workplace Violence in Health Care Industry: Extent and Types

The first researcher was the American Psychiatrist Carroll Brodsky in 1976 who studied workplace bullying (violence). His book “The Harassed Worker” depicted the stories of victims

of violence by superiors or colleagues (Type III violence). And in same manner, the book Titled 'Dear People, With love and Care, Your Doctors' had been published on patient-doctor relationship by Dr. Debraj Shome And Dr. AparnaGovilBhasker in August 2019 contained articles by best doctors of India and world, including Dr. V. Mohan, Dr. Ravi Wankhedkar and etc. (stories from the diary of 30 doctors and patients) on abuse towards doctors and how the hospitals were vandalized. This book aims to bring back the focus on unshakeable foundation of doctors and patients.

The earliest research studies of violence in healthcare sector came up from USA in 1980s. When about 100 of doctors lost their lives (either by murder or by suicide) due to violence in a single decade. Whereas around 57 per cent of emergency care workers had been threatened with a weapon, lakhs of cases related to violence made the headlines regularly where doctors were being abused, beaten up, face serious injuries and their family being harmed as revenge by patients. Furthermore, The National Institute for Occupational Safety and Health (NIOSH, 1993) published its report, in which WPV was termed as the second leading cause of occupational death, with approximately 1400 people murdered at work each year. There were approximately 2 million cases of nonfatal injuries in US caused by WPV every year (Rosen, 2001). A study conducted in England, 1997 presented that around 1.2 million cases of workplace violence exists, in which 5,23000 cases involved physical assault, rest cases faced verbal abuse and death threats. 2.8 per cent of 6,49000 workforce have experienced at least one form of violence (Carter, 2000).

The exact number of cases of workplace violence is impossible to measure due to underreporting of cases. A study shown 91 per cent of Canadian casualty department staff agreed on the same that violence at work was underreported (Fernandes, 1999). Researchers found that 44 per cent of staff (21/48) faced physical assault never reported about it, the reasons behind was stated as cultural acceptance of violence, fear of getting blamed, lack of consensus on definition of violence (Warshaw, Messite, 1996)

In 2002, according to a report by WHO, workplace violence was one of the leading causes of death for workers aged 15-44 years (Krug, *et al.*, 2002). Another report by WHO showing percentage of incidents of physical and psychological violence in Hospitals there were about 37 per cent in Bulgaria, 54 per cent in Thailand, 61 per cent in South Africa, and 41 per cent in

Lebanon (WHO, 2002).According to International Labor Organization (ILO), health care workers were second highest risk group of workplace violence (Ahmad, *et al.,* 2015) due to their dealing with emotionally frustrated people (Chappell, Di Martino, 2006).

As we see it's a global issue but recent studies have clearly depicted that in low and middle-income countries have higher magnitude of WPV and the literature review stated the causes behind it is scarcity of doctors & staff in hospitals, poor patient doctor ratio, high cost of availing services, poor infrastructure, overcrowded hospitals, miscommunication, false hopes, uncontrolled emotions, lack of proper security measures and many more.

Review of literature suggests the following type of workplace violence: It can be physical or psychological violence (depending upon the nature) or from Type I to Type III (depending upon the relationship between the parties involved). Here is brief explanation of all the types of Violence. Type-I: where attackers do not have any relationship with workplace there only intention is to grab cash or other valuable commodity. Type-II: here attackers or the party that is going to assault will be the recipient or the object of service provided by the affected workplace or victim (patients). Type III: here the party that is assaulting is sub-ordinates, supervisors, employees of the organization. But what was mainly observed in studies is, in health care sector it was Type II violence that majorly prevails in hospitals. Apart from these, according to nature there are some other types of violence is : Verbal Violence : in which perpetrators harm doctors or concerned people by spitting wrong, offensive, abusive words that cause psychological harm to people. Physical Violence: in which perpetrators cause physical damage to victims by using physical strength, weapons it causes injuries and sometime death to concern people. Other violence that is neither the part of physical abuse or verbal abuse but still affects employees negatively i.e. harming their family, death threats to their family, destroying their home, clinics and etc. is often termed as passive violence.

Violence against doctors in India is mainly expressed by the relative of patients, political parties, local goons etc. By abusing them over telephone calls, verbal threats of harming them or to harm their families, even by physical attacks to doctors inside the hospitals (waiting area, intensive care unit (ICU) or outside the operation theater (OT). So many cases of doctor being shot dead or facing some serious injuries leads to anxiety, stress, insomnia, depression causing absenteeism and many doctors injured themselves, shut down their clinics. Due to surviving all these

consequences, the medical community is in regret of choosing a career where they are not even understood by their own society.

Workplace Violence can be segregated into two parts Physical and Psychological Violence. Let us discuss these two and their subsequent effects on Physical and Mental Health and finally how it affects the Quality of life and Job performance.

Effect of Work Place Violence on Health Care Employees

The studies undertaken to review had stated that 50 per cent of health care workers are physically assaulted during their professional careers and that nurses are three times more likely to experience violence than any other professional group.

Effect of Physical Violence on Health Care Employees

Physical violence includes harming someone physically that give rise to various injuries that takes time to recover, even lifetime of disability and death. Physical injuries involve cuts, bruises, pain that takes almost quarter to get recovery from (Williams,1996). 8 per cent of the victims of aggression (n=199) required medical treatment (O'Connell, 2000). Physical violence in the form of bullying, mobbing, grabbing, punching, hitting by objects, spitting, slapping, kicking, shoving, chocking, biting, being thrown on the floor, twisting of body, scratching, and hair pulling (Franz *et al.*, 2010; Zampieron *et al*., 2010). In USA from 1980s about, 57 per cent of emergency care workers had been threatened with a weapon.

That was concluded from a study in India (Uttar Pradesh, 2019) stated it is emergency department that is most commonplace of physical violence (Singh,*et al*., 2018). But from another study it was found that doctors in psychiatric department is on much higher risk of violence than emergency department around. 40 per cent of psychiatrist is being assaulted physically. While Emergency department faced 25 per cent of physical assault and after that Surgery and orthopedics were also found common places of physical violence (Vaishali,*et al.*,2018).

Generally, we all see physical violence as harming people physically by using weapon or physical strength that gives rise to body injuries. But passively physical violence does affect mental health as well. After recovering from the injuries it was observed that it leads to rise in disturbing memories, cardiopulmonary disease, hypertension, etc. (Maillette *et al.,* 2002). In serious cases even after recovery it almost takes years for them to properly concentrate on work,

to act mentally normal again. Physical violence has major effects not only on body but also on productivity and quality of customer care (Gates, *et al.*, 2011).

Effect of Psychological Violence on Health Care Employees

There are so many emotional consequences suggested in Literature some with proper evidence (Barling *et al*., 2001; Williams, 1996) and some may be without proper evidence (Anderson, 2002).

Williams in 1996 suggested most frequently reported emotions in his study which are Anger, Anxiety, shock and disbelief. Another study stated three main emotions, frustrations, anger and hurt (O'Connell, 2000). Fear was the most common outcome of all the studies that aims to study effect of violence on psychology of victims. Other factors that came up from studies conducted in 2002 are anxiety, cynicism (Maillette, *et al.*, 2002), discomfort at work and `feeling bad' (Anderson, 2002). Erosion of self esteem and lower down their confidence level (Bairy *et al*., 2007) found in Tamil Nadu by studying sample size of 174 doctors and results came up that around 59.55 per cent doctors stated that verbal violence lower down their confidence and self esteem.

Sadness, frustrations are some other emotion given by (Anand, *et al.*, 2016). Victims had disturbing memories, attitude of extreme avoidance; stress (Pund, *et al*., 2017). Every study states clearly that there will be more psychological effect than physical effect of violence on doctors. Doctors were trying their best to keep population healthy despite that fact they did not get any appreciation, so victims are frustrated, angry (Dixit *et al*2019). Due to violence obviously victims started being very cautious (Sharma, *et al.*2019) (Verma, 2016). Effect of workplace violence on victims even included lower down the moral, deteriorating self-respect, lowering down the self-confidence and ultimately affects the creativity and efficiency of doctors. An unhealthy working environment in nursing increases the chance for nursing error and promotes moral distress, burnout, frustration, and low morale (Hamric, *et al*. 2009). Doctors facing violence may suffer from depression, insomnia, stress, fear, and anxiety, causing absenteeism. In a study conducted in Kuwait, 86 per cent of the doctors who faced such violence reported that it caused depressions, insomnia, and other effects

These psychological or emotions lead to change in their belief system that mediate between violence and a complete change in their way of living e.g. Changing career (Barling, *et al.*,2001),

reduced job satisfaction (Fernandez *et al.*1999), reduced attachment to others and disruption in life purpose (Flannery, 1996). That anxiety, substance abuse, fear leads to depression following civilian trauma (Brown, *et al*., 2000) and furthermore challenges of violence is Psychological Distress i.e. PTSD (Post Traumatic Stress Disorder). PTSD includes Hyper vigilance, exaggerated responses, Disturbed sleep for months and avoidance of daily routine activities, over isolation or over hyper reactions. These symptoms along with full PTSD diagnosis is often called common or general Consequence of traumatic events (Dunmore, *et al.,* 2001)

Physical violence affect mental health same way psychological violence affects physical health. Fear, anxiety, depression, insomnia, PTSD and etc. (psychological effects stated above) leads to affect their physical health as well. Insomnia (disturbed sleep) leads to headache, eating disorders etc. that ultimately leads to weakness. Even there is number of cases that evident all these effects lead to persuade them to go for suicidal Action (loss of life). Altered sleep patterns, poor appetite, poor concentration, and decreased interest in activities (O'Donnell 2003) (Bryant,*et al*., 2003) taking alcohol drugs, changed work location, (O'Connell *et al.,*2000) all these passively affects their physical health as well. This evil bird that affects physical and mental health of doctors will ultimately reduce the quality of life. Let us see what effect it makes on quality of life and subsequent deviation in the behavior of doctors.

Workplace Violence and Quality of Life: A Difficult Phase

WHO defines quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships, and their relationship to salient features of their environment. Simply it is the intersection between the expectations and reality about the life they are spending. It is negatively or inversely correlated with the workplace violence. More the violence lesser will be the quality of life and quality of life has been shown as a main cause of reduced productivity, performance, and early retirement (Mein, *et al*., 2000) and quality of life is critical for the efficiency and safety of the health care system.

When we talk about quality of life one more concept we got to go through is quality of work life (QWL), though there is interrelationship between these two terms (Elizur, *et al.,* 1990) but moves in different direction. Quality of work life mainly concern with the place of work and

environment of work place but quality of life mainly deals with inner satisfaction perceived about own life. *Quality of work life affects overall quality of life and hence positively correlated with the quality of life*. Better the quality of work life better will be the quality of life, quality of life is much broader in area including quality of work life as one of its affecting factor.

Professional quality of life mainly incorporates two parts (1) compassion satisfaction which is positive one and other one is compassion fatigue (a negative one) (Stamm,2010) compassion fatigue is further classified in two parts burnout and secondary traumatic stress. Studies clearly shown as the person tolerated violence will experience decreased compassion satisfaction and increased burnout and traumatic stress (Hooper *et al*. 2010) and this is ultimately reduce their professional as well as personal quality of life followed by reduced performance, more absenteeism and as stated above sometime early retirement and dropping of profession (Turnover intention) (Deery, *et al*. 2011).

Stress is the negative outcome of insomnia, tension, anxiety, and dissatisfaction (Button, 2008) and this anxiety, depression, tension, dissatisfaction is caused by workplace violence, directly and inversely affects the quality of life. In a Malaysian study conducted on paint and body shop workers concluded that quality of life is inversely related to depression and stress. Reduction in stress increases the quality of life (Rusli, *et al*., 2008) one more study in which it was found that WPV has direct link with reduced psychological wellness, self esteem, increased stress and psychometric indications (Ngale, 2018), sufferers of this negative behavior result in low satisfaction at work (Haq, *et al*., 2018) leads to reduced quality of work life and subsequent reduction in quality of life. Thus, following proposition may be framed as:

Proposition 1: *Workplace violence has negative effect on quality of life.*

Workplace Violence and Job Performance: Inversely Related

Schermerhorn defines job performance as the quality and quantity of tasks of an individual or a group, which also has been called staff productivity. Also Job performance is defined as completing the assigned work, task, goals or objective by successful interaction with superiors, junior or colleagues (Mohammed *et al*., 2018). Primary objective of every workplace is to make employees perform better than the standards. According to organizational scholars it is known as the quantity and quality of result they give. When it comes to measuring the performance, efficiency and effectiveness is considered (Robert, 2018). By efficiency we mean completing the

task with lowest possible cost and effectiveness simply mean completing the assigned task within stipulated time.

As we see above what Physical and Psychological consequences it is giving us including fear, anxiety, job strain, job dissatisfaction and many more. Due to all these consequences it ultimately reduces the quality of life they are spending and when they are not been able to keep themselves happy, content, satisfied on their professional front that ultimately leads to start affecting their job performance either they start avoiding serious cases instead of attending them, they will prefer to refer them to others, or they will not be able to attend patients efficiently.

However actively it is effect of workplace violence that leads to reduction in job performance but deep down it is the effect of violence that affects their quality of life that leads to reduction in standard job performance. Some previous studies clearly state violence leads that workplace violence influences employee's work status, like job performance. One of the US study clearly conclude that it is job performance that will considerably affected from workplace violence but what hidden variables comes in between is their quality of life that directly affects their job performance..

Physical and Psychological effects were followed by reduced quality of life. Reduced job satisfaction that ultimately leads to reduced job performance. WPV was negatively correlated with job satisfaction and quality of life. On the basis of above review, we can find out the proposition as

Proposition 2: *Workplace violence has negative effect on Job Performance.*

Quality of Life and Job Performance: Positively Related

When a person feels frustrated, angry, hurt, depressed etc., quality of life is reduced which will subsequently shows its adverse result on job performance, it might be reduction in efficiency level, quantity of work taken, delay in performing. A study conducted in china concluded that there is positive correlation between quality of life and job performance (Lin *et al.,* 2015) it was taken as the first study of china who studied the role of QOL on job performance. From the same study, it was concluded that workplace violence could lower down the level of performance by lowering the quality of life. A study also states that poor QOL was strongly associated with reduced job performance (Mein,*et al*., 2000). A lot more can be possible in this, but a little work

has been done till now. No influential study is there which is judging effect of quality of life on job performance. Thus, the following proposition is getting the direction explained by above studies:

Proposition 3: *Quality of life has positive effect on Job Performance.*

RESEARCH GAP

What actually grabs researcher's attention is workplace violence done by peers, superiors but no influential work had been on bullying or violence initiated by the parties serving to. There is violence that is initiated by consumer or the parties serving to (type II) and it too called workplace violence. Another reason is generally corporate, insurance and etc. sectors are chosen but healthcare sector which is largely affected by it is often ignored that too catches my attention to go for this topic to be study for my doctorate. Abundant research studies are there, that pointing fingers on effect of QWL on job performance but no influential study has been conducted according to me till now, to study the effect of Quality of life (not work life) on job performance.

Researchers opted research on effect of workplace violence on the physical and mental health and choose to remain silent about after effects, very few work has been done in the area of measuring ultimate effect workplace violence make on the doctors.

SCOPE AND RELEVANCE OF STUDY

Scope: The present study will focus on the hospitals operating in Haryana and data will be gathered from hospitals covering selected districts of Haryana (yet to be decided). The data will be gathered from 400 respondents including male and female. Also, the data will be collected covering every possible department of hospital.

Relevance: Previous researches have shown workplace violence prevails globally and it has some very serious consequences, from stress to tension and goes up to PTSD. This study aims to cover up and throw light how these effects, affects the Quality of life they are spending and what effect it will make on the performance of the doctors. Later on, I will try to summaries the other possible effects of reduced quality of life on doctors, followed by the suggestions to improve it

RESEARCH METHODOLOGY

The current study would apply following Research Methodology which includes:

Objectives of the Study

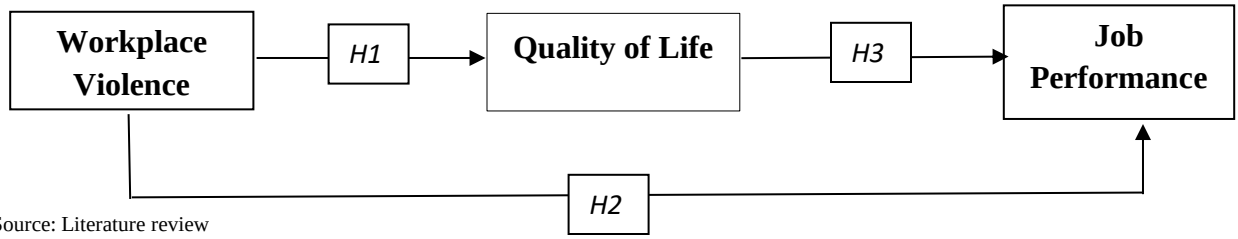
The major objective of current study is to measure Effect of Workplace Violence on Quality of Life and Job Performance among Healthcare Employees in Haryana. In order to achieve this objective following sub objectives are as follow:

1. To examine the dimensions of workplace violence, quality of life and job performance of healthcare employees in the state of Haryana;
2. to observe the effect of workplace violence on Quality of life of health care employees;
3. to study the effect of Quality of life on job performance of health care employees;
4. to investigate the effect of workplace violence on job performance of health care employees; and
5. to examine the role of quality of life in the relationship between workplace violence and job performance of health care employees.

Research Design

The design of the proposed research study would be exploratory followed by descriptive research. The study of workplace violence is still underrated and it is violence by colleagues that is being studied mostly, so in order to understand the problem exploratory and then descriptive study will be opted.

PROPOSED MODEL AND PARTICIPATING VARIABLES



Source: Literature review

Fig 1: Relationship between Workplace Violence, Quality of Life and Job Performance

Explanation of Proposed Model

In the above proposed model, relationship between variables have been explained diagrammatically,

H1 is showing *Hypothesis 1* i.e. Negative relationship between Workplace Violence and Quality of Life.

H2 is showing *Hypothesis 2* which is showing Negative relationship between Workplace Violence and Job Performance.

H3 is showing Hypothesis 3 which is describing the Positive relationship between Quality of Life and Job Performance.

Nature of Variables

In proposed study; there are two types of variables named independent variables and dependent variables. Independent variables are the variables that is assumed to have direct effect on dependent variable. Here effect of workplace violence will be measured on quality of life (Chen, *et al.*, 2010; Lin, *et al.*, 2015), so workplace violence would act as independent variable and quality of life would act as dependent variable. And then effect of workplace violence and quality of life will be measure on job performance (Bakshi, *et al.*, 2016; Tripathi, 2017). So here workplace violence and quality of life would act as independent variables, and job performance would act as dependent variable.

SAMPLING PLAN AND PROCEDURE

Sample Unit and Area: In accordance to the objectives of the proposed research study, doctors of various hospitals (including government hospitals, primary health center, multispecialty hospitals, single specialty hospitals and etc. will be included. The organizations are in 22 districts of Haryana. In which 68 civil hospitals, 128 community health centers, 531 primary health centers and many private hospitals. Maximum numbers of civil hospitals are in Bhiwani and lowest in Charkhi Dadri and Nuh (haryanahealth.nic.in). The sample would be drawn from Haryana.

Sampling Technique: To select the sample, simple random sampling and the convenience sampling will be used and first-hand information will be collected and somewhere judgement sampling would be preferred to ensure inclusion of every important information.

Sample Size: Total no. of healthcare employees in Haryana is found to be 12,153 (according to the annual report of 2018-19) (haryanahealth.nic.in).The sample size of the study is proposed to 400 (Memon, *et al.*, 2020) (Krejice, Morgan, 1970), but it can be increased or decreased according to the requirement of the study. It is verified by Krejice-Morgan table.

Table 1: Krejice-Morgan table of determining Sample Size.

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

INSTRUMENTS FOR DATA COLLECTION

In the proposed research study, both primary and secondary data will be used. To collect primary data, questionnaire and scales will be used. The secondary data will be collected from various published sources like research papers, reports, conference proceedings, journals and internet which will provide base to this research. Following scales may be opted for collecting the data:

Workplace Violence

There are many scales to measure workplace violence in healthcare industry like Wang's workplace violence scale, workplace violence scale by Chen et al. in 2004 later on modified by

Yang in 2008 (Cronbach's alpha of total scale is 0.890), workplace violence scale by Zhang Ding et al. in 2016 having seven dimensions with Cronbach's alpha value is 0.894 and many more. Scale to be opted for measuring workplace violence is yet to be decided. Below table is showing the main dimensions of scales that may be taken to measure workplace violence. Other scales may be explored and opted for the study as per requirement.

Table 2: Dimensions of Workplace Violence (WPV)

Wang's WPV Scale	Zhang Ding et al. WPV Scale	Chen et al. WPV Scale
Physical assault	Verbal violence	Verbal violence
Emotional abuse	Made difficulties	Physical violence
Threat	Smear reputation	Sexual harassment
Verbal sexual harassment	Mobbing behavior	
Sexual assault	Intimidation behavior	
	Physical violence	
	Sexual harassment	

Source: Literature review

Job Performance

Likewise, workplace violence and quality of life have scales so as job performance have. First scale is *Hersey and Goldsmith's job performance scale* having 16 questions under seven components including ability, clarity of role, motivation, feedback, validity and environment, validity of this were confirmed by Ardestani et al. with cronbach's alpha of 0.86. Next scale that can be employed to measure job performance is *Motowidlo and Scotter job performance scale* having three dimensions i.e. job dedication, task performance, interpersonal facilitation with 16 self reported items and many more. Scale to be use for measuring job performance is yet to be decided as per requirement and direction of the research.

Quality of Life

There are many scales that can be used to Measure Quality of Life but the scale formulated by WHO named WHOQOL-BREF widely used to measure Quality of life and another one SF-36, which was developed by Boston: New England Medical Center. Generally, scale by WHO is

used to measure quality of life called WHO-BREF it is having following dimensions having multiple facets in each domain.

Table 3: Dimensions of Quality of Life

Domain	Facets incorporated within domain
1. Physical health	Activities of daily living Dependence on medicinal substances and medical aids Energy and fatigue Mobility Pain and discomfort Sleep and rest Work Capacity
2. Psychological health	Bodily image and appearance Negative feelings Positive feelings Self-esteem Spirituality / Religion / Personal beliefs Thinking, learning, memory and concentration
3. Social relationships	Personal relationships Social support Sexual activity
4. Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation / leisure activities Physical environment (pollution / noise / traffic / climate) Transport

Source: https://www.who.int/mental_health/media/en/76.pdf downloaded on 12. October.2020.

Statistical Tool

While reviewing existing literature mostly studies opted ANOVA, EFA, SPSS etc. To analyze the collected data, descriptive statistics and relevant statistical tools will be applied as per data availability. The use of various statistical techniques for analyzing of data will depending up on the type and nature of data that would be collected.

PROPOSED CHAPTER SCHEME

The tentative organization of the study i.e chapter scheme will be as under:

Chapter-1: Introduction

This chapter will deal with the concept of workplace violence and its elements, quality of life, job performance.

Chapter-2: Literature Review

Literature review means what work or study has already been done on this particular topic. Here studies from 90s to till date will be included.

Chapter-3: Research Methodology

In this chapter, firstly research problem and objectives of the study will be presented and subsequently research methodology to be used for the study. Finally it will presentdata collection tools, tools and technique to be used for analysis of the data, relevance and limitation of the study.

Chapter-4: Analysis and Interpretation of data

In this chapter, analysis of data and its interpretation along with the necessary figures will be presented as per objective of study.

Chapter-5: Finding, Suggestions and Conclusion of s tudy

It will include the major findings of the study, conclusion and suggestions. Direction for future research in this area, comprehensive bibliography on the subject and appendices will be provided.

REFERENCES

Abd-Elmouty, M., & El-Sayed, R. E. S. H. (2014). Workplace violence against emergency versus non-emergency. *Journal of Interpersonal Violence*, *1*, 16.

Ahmad, M. M., Al-Daken, L. I. L., & Ahmad, H. M. (2015). Quality of life for patients in medical–surgical wards. *Clinical Nursing Research*, *24*(4), 375-387.

Albarran, J. (2009). Advanced practice nursing--an integrative approach. *Nursing Standard*, *23*(43), 30-31.

Ali, A., &Johna, S. D. (2015). Crime and punishment in ancient surgery: An examination of Assyrian and Egyptian physicians. *Journal of Ancient Diseases & Preventive Remedies*.

Anand, T., Grover, S., Kumar, R., Kumar, M., & Ingle, G. K. (2016). Workplace violence against resident doctors in a tertiary care hospital in Delhi. *The National Medical Journal of India*, *29*(6), 344.

Anderson, C. (2002). Workplace violence: Are some nurses more vulnerable?. *Issues in mental health nursing*, *23*(4), 351-366.

Bairy, K. L., Thirumalaikolundusubramanian, P., Sivagnanam, G., Saraswathi, S., Sachidananda, A., &Shalini, A. (2007). Bullying among trainee doctors in Southern India: a questionnaire study. *Journal of Postgraduate Medicine*, *53*(2), 87.

Balamurugan, G., Jose, T. T., &Nandakumar, P. (2012). Patients' violence towards nurses: A questionnaire survey. *International Journal of Nursing*, *1*(1), 1-7.

Banerjee (2018), A. Perspectives on violence against doctors,*Perspective in Medical Research* .

Barling, J., Rogers, A. G., &Kelloway, E. K. (2001). Behind closed doors: In-home workers' experience of sexual harassment and workplace violence. *Journal of Occupational Health Psychology*, *6*(3), 255.

BLS, U. (2011). Nonfatal occupational injuries and illnesses requiring days away from work, 2010, Table 16. *Washington DC: US Bureau of Labor Statistics, Retrieved July 18*, 2013.

Brown, E. S., Fulton, M. K., Wilkeson, A., & Petty, F. (2000). The psychiatric sequelae of civilian trauma. *Comprehensive Psychiatry*, *41*(1), 19-23.

Budd, T. (1999). *Violence at work: Findings from the British crime survey*. London: Home Office.

Button, L. A. (2008). Effect of social support and coping strategies on the relationship between health care-related occupational stress and health. *Journal of Research in Nursing*, *13*(6), 498-524.

Cheung, T., Lee, P. H., & Yip, P. S. (2018). The association between workplace violence and physicians' and nurses' job satisfaction in Macau. *Plosone, 13*.

Duan, X., Ni, X., Shi, L., Zhang, L., Ye, Y., Mu, H., & Wang, Y. (2019). The effect of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support. *Health and Quality of Life Outcomes, 17*(1), 93.

Dunmore, E., Clark, D. M., & Ehlers, A. (1999). Cognitive factors involved in the onset and maintenance of posttraumatic stress disorder (PTSD) after physical or sexual assault. *Behaviour Research and Therapy*, *37*(9), 809-829.

Fang, H., Zhao, X., Yang, H., Sun, P., Li, Y., Jiang, K.,& Wu, Q. (2018). Depressive symptoms and workplace-violence-related risk factors among otorhinolaryngology nurses and physicians in Northern China: a cross-sectional study. *BMJ Open*, *8*(1).

Feijó, F. R., Gräf, D. D., Pearce, N., &Fassa, A. G. (2019). Risk factors for workplace bullying: A systematic review. *International Journal of Environmental Research and Public Health*, *16*(11), 1945.

Fernandes, C. M., Bouthillette, F., Raboud, J. M., Bullock, L., Moore, C. F., Christenson, J. M.,& Way, M. (1999). Violence in the emergency department: a survey of health care workers. *Cmaj*, *161*(10), 1245-1248.

Flannery Jr, R. B. (1996). Violence in the workplace, 1970–1995: A review of the literature. *Aggression and Violent Behavior*, *1*(1), 57-68.

Frida, E. L. (2017). *Alleviating strike actions in kenya's healthcare sector through policy and system reforms* (Doctoral dissertation, Central European University).

Gerberich, S. G., Church, T. R., mcgovern, P. M., Hansen, H. E., Nachreiner, N. M., Geisser, M. S., ... & Watt, G. D. (2004). An epidemiological study of the magnitude and consequences of work-related violence: the Minnesota Nurses' Study. *Occupational and Environmental Medicine*, *61*(6), 495-503.

Gerberich, S. G., Church, T. R., mcgovern, P. M., Hansen, H., Nachreiner, N. M., Geisser, M. S.&Jurek, A. (2005). Risk factors for work-related assaults on nurses. *Epidemiology*, 704-709.

Ghosh, K. (2018). Violence against doctors: a wake-up call. *The Indian Journal of Medical research*, *148*(2), 130.

Goodman, R. A., Jenkins, E. L., & Mercy, J. A. (1994). Workplace-related homicide among health care workers in the United States, 1980 through 1990. *JAMA*, *272*(21), 1686-1688.

Haq, M. R., Zia-ud-Din, M., &Rajvi, S. (2018). The effect of workplace bullying on employee cynicism with mediating role of psychological contract. *International Journal of Academic Research in Business and Social Sciences*, *8*(8).

Hatch-Maillette, M. A., &Scalora, M. J. (2002). Gender, sexual harassment, workplace violence, and risk assessment:: Convergence around psychiatric staff's perceptions of personal safety. *Aggression and Violent Behavior*, *7*(3), 271-291.

Hooper C., Craig J., Janvrin D.R., Wetsel M.A. &Reimels E. (2010) Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing* 36 (5), 420–427

Hoskins, A. B. (2006). Occupational injuries, illnesses, and fatalities among nursing, psychiatric, and home health aides, 1995–2004. *Retrieved*, *9*(18), 2009.

Jenkins, E. L. (1993). Fatal injuries to workers in the United States, 1980-1989.

Kapoor, M. C. (2017). Violence against the medical profession. *Journal of Anaesthesiology, Clinical Pharmacology*, *33*(2), 145.

Kinney, J. A., & Johnson, D. L. (1993). *Breaking point: The workplace violence epidemic and what to do about it* (p. 24). Chicago, IL: National Safe Workplace Institute Press.

Kowalenko, T., Gates, D., Gillespie, G. L., Succop, P., &Mentzel, T. K. (2013). Prospective study of violence against ED workers. *The American Journal of Emergency Medicine*, *31*(1), 197-205.

Kowalenko, T., Walters, B. L., Khare, R. K., Compton, S., & Michigan College of Emergency Physicians Workplace Violence Task Force. (2005). Workplace violence: a survey of emergency physicians in the state of Michigan. *Annals of Emergency Medicine*, *46*(2), 142-147.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, *30*(3), 607-610.

Krug, E. G., Mercy, J. A., Dahlberg, L. L., &Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, *360*(9339), 1083-1088.

Kumar, M., Verma, M., Das, T., Pardeshi, G., Kishore, J., &Padmanandan, A. (2016). A study of workplace violence experienced by doctors and associated risk factors in a tertiary care hospital of South Delhi, India. *Journal of Clinical and Diagnostic Research: JCDR*, *10*(11), LC06.

Li, N., Zhang, L., Xiao, G., Chen, J., & Lu, Q. (2019). The relationship between workplace violence, job satisfaction and turnover intention in emergency nurses. *International Emergency Nursing, 45, 50-55.*

Lin, W. Q., Wu, J., Yuan, L. X., Zhang, S. C., Jing, M. J., Zhang, H. S., ... & Wang, P. X. (2015). Workplace violence and job performance among community healthcare workers in China: The mediator role of quality of life. *International Journal of Environmental Research and Public Health*, *12*(11), 14872-14886.

Madhok P. Violence against doctors. Bombay Hosp J.2009; 51:301-2.

Mein, G., Martikainen, P., Stansfeld, S. A., Brunner, E. J., Fuhrer, R., & Marmot, M. G. (2000). Predictors of early retirement in British civil servants. *Age and Ageing*, *29*(6), 529-536.

Memon, M. A., Ting, H., Cheah, J.-H., Ramayah, T., Chuah, F.,& Cham, T. H. (2020), "Sample size for survey research: Review and recommendations. *Journal of Applied Structural Equation Modeling*, 1-10.

Mishra, S., Chopra, D., Jauhari, N., Ahmad, A., &Kidwai, N. A. (2018). Violence against health care workers: a provider's (staff nurse) perspective. *Int J Community Med Public Health*, *5*, 4140-8.

Mohammed, K., Toryila, A. S., &Saanyol, D. B. (2018). The role of interpersonal relationship on job performance among employees of gboko local government area of benue state, Nigeria. *International Journal of Social Sciences and Management Research*, *4*(5), 67-74.

Nagpal, N. (2017). Incidents of violence against doctors in India: can these be prevented? *The National Medical Journal of India*, *30*(2), 97.

Ngale, I. F. (2018). Effects of workplace bullying on staff psychological wellness in institutions of higher learning. *Journal of Educational System*, *2*(2), 1-9.

Oppenheim, A. L. (1960). A caesarian section in the second millennium BC. *Journal of the History of Medicine and Allied Sciences*, 292-294.

Ori, J., Devi, N. S., Singh, A. B., Thongam, K., Padu, J., &Abhilesh, R. (2014). Prevalence and attitude of workplace violence among the post graduate students in a tertiary hospital in Manipur. *Journal of Medical Society*, *28*(1), 25.

Pompeii, L. A., Schoenfisch, A. L., Lipscomb, H. J., Dement, J. M., Smith, C. D., &Upadhyaya, M. (2015). Physical assault, physical threat, and verbal abuse perpetrated against hospital workers by patients or visitors in six US hospitals. *American Journal of Industrial Medicine*, *58*(11), 1194-1204.

Privitera, M., Weisman, R., Cerulli, C., Tu, X., &Groman, A. (2005). Violence toward mental health staff and safety in the work environment. *Occupational Medicine*, *55*(6), 480-486.

Pund, S. B., Kuril, B. M., Doibale, M. K., Ankushe, R. T., Kumar, P., & Siddiqui, N. (2017). Study of workplace violence, its risk factors, and perceptions about workplace security in doctors of Paithan. *Int J Community Med Public Health*, *4*(6), 1987-92.

Reddy, I. R., Ukrani, J., Indla, V., &Ukrani, V. (2019). Violence against doctors: A viral epidemic? *Indian Journal of Psychiatry*, *61*.

Richards, J. (2003). Management of workplace violencevictims. Joint Programme on Workplace Violence in the Health Sector, Geneva

Rosen, J. (2001). A labor perspective of workplace violence prevention: Identifying research needs. *American Journal of Preventive Medicine*, *20*(2), 161-168.

Rusli, B. N., Edimansyah, B. A., &Naing, L. (2008). Working conditions, self-perceived stress, anxiety, depression and quality of life: a structural equation modelling approach. *BMC public health*, *8*(1), 48.

Schermerhorn Jr, J. R. (1984). Management for productivity.

Simon, R. I. (2011). Patient violence against health care professionals: Safety assessment and management. *Psychiatric Times*, *28*(2), 16-16.

Sun, T., Gao, L., Li, F., Shi, Y., Xie, F., Wang, J., ... & Liu, X. (2017). Workplace violence, psychological stress, sleep quality and subjective health in Chinese doctors: a large cross-sectional study. *BMJ open*, *7*(12), e017182.

Sullivan, R. (1996). The identity and work of the ancient Egyptian surgeon. *Journal of the Royal Society of Medicine*, *89*(8), 467-473.

United States. Occupational Safety, & Health Administration. (1996). *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*. US Department of Labor, Occupational Safety and Health Administration.

Vaishali, V., Chayal, V., Verma, R., & Khanna, P. (2018). Violence against resident doctors, its psychological impact and associated factors in accident & emergency department in a tertiary care institute of Haryana. *Indian Journal of Community Health*, *30*(4).

Warshaw, L.J., &Messite, J. (1997). Workplace violence: Preventive and interventive strategies. *Occupational Health and Industrial Medicine*, *1*(36), 8.

World Health Organization. (2002). New research shows workplace violence threatens health services. In *New Research Shows Workplace Violence Threatens Health Services*, 4.

Yoo, M. J., & Kim, J. K. (2016). A structural model of hospital nurses' turnover intention: Focusing on organizational characteristics, job satisfaction, and job embeddedness. *Journal of Korean Academy of Nursing Administration*, *22*(3), 292-302.

Zafar, W., Siddiqui, E., Ejaz, K., Shehzad, M. U., Khan, U. R., Jamali, S., &Razzak, J. A. (2013). Health care personnel and workplace violence in the emergency departments of a volatile metropolis: results from Karachi, Pakistan. *The Journal of Emergency Medicine*, *45*(5), 761-772.

Zahid, M. A., Al-Sahlawi, K. S., Shahid, A. A., Awadh, J. A., & Abu-Shammah, H. (1999).

Violence against doctors: 2. Effects of violence on doctors working in accident and emergency departments. *European Journal of Emergency Medicine*, *6*(4), 305-309.

Signature of supervisor **Signature of candidate**